Approved for use mrough us/avazurus. Otto Ges-1-unto
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

"FEE ADDRESS" INDICATION FORM

Address to: Mail Stop M Correspondence Commissioner for Patents - OR - P.O. Box 1450 Alexandria, VA 22313-1450	Fax to: 571-273-6500
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number represent the fee address. When to check the second box below: If you have no Customer Number represent the fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.	
For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:	
Customer Number: 000030334	
OR The attached Request for Customer Number (PTO/SB/125) form.	
PATENT NUMBER	APPLICATION NUMBER
(if known)	AFFECATION NOMBER
	10/633,459
Completed by (check one):	-7011
Applicant/Inventor	Signature
Attorney or Agent of record 53,870 (Reg. No.)	Fraser D. Rowand Typed or printed name
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) 416-868-1482 Requester's telephone number	
Assignee recorded at Reel Frame	December 12, 2007
	Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one aignature is required, see below*.	
Total offorms are submitted.	

This oblication of information is enquired by 37 CER 1.383. The information is required to batch or retein a benefit by the public which is the file (and by the USFTO process) an application. Conditionality is governed by \$0 U.S. 0.12 and 37 CFR 1.11 and 1.14. This collection is estimated to take its complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the Individual case. Any comments on the amount of time upon require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information CHIE, P.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22213-1450. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: MISI SEND COMPLETED FORMS TO THIS ADDRESS.